



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

March 8, 2006

**Subject: Your Private Nonprofit Special Needs Transportation Providers Annual Report  
and Regulatory Fees are Due May 1**

State law requires you to file an annual report and pay regulatory fees to the Washington Utilities and Transportation Commission.

**What is required of me?**

By May 1, you must:

- Complete and file the enclosed 2005 annual report form
- Pay your 2006 regulatory fees

Failure to file your annual report or pay regulatory fees by May 1 may result in cancellation of your permit to operate in Washington. This is the only notice you will receive from the commission.

**Can I request an extension of time if I am unable to file the annual report by May 1?**

Yes, you must provide the request in writing, including a valid reason for the extension by May 1. We will notify you when your request is approved or denied. If you are late filing your annual report or fail to file, you could incur additional penalties up to \$100 a day.

**Where do I mail the completed annual report form and regulatory fee payment?**

Washington Utilities and Transportation Commission  
PO Box 47250  
Olympia, WA 98504-7250

**Where can I obtain an electronic version of the annual report?**

Forms are available on our website at [www.wutc.wa.gov](http://www.wutc.wa.gov). Locate "Quick Links" then select "2005 annual reports".



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**Who do I contact if I have questions?**

You may call 360-664-1201 or e-mail us at: [annualreports@wutc.wa.gov](mailto:annualreports@wutc.wa.gov). If you need this information in an alternate format, please call 360-664-1133. TTY Toll Free phone number is 1-800-416-5289 or 360-586-8203.

Sincerely,

A handwritten signature in black ink, appearing to read "Carole J. Washburn". The signature is fluid and cursive, with the first name "Carole" being more prominent.

Carole J. Washburn  
Executive Secretary

Enclosures

# PRIVATE NONPROFIT SPECIAL NEEDS TRANSPORTATION PROVIDERS

# ANNUAL REPORT

Full name and address of Company	Correct name and address, if different than shown

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**  
**for the**  
**YEAR ENDED DECEMBER 31, 2005**

**Inquiries concerning this Annual Report should be addressed to:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**The company must notify the Commission, in writing, of any changes to the above information.**

[illegible]

<i>For Commission Use Only</i>		
Reception Number: _____	001-111-02-68-231-11: _____	Ref. No: _____
001-111-02-68-231-01: _____	001-111-02-68-032-05: _____	

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250  
Web Site: [www.wutc.wa.gov](http://www.wutc.wa.gov)

## CERTIFICATION

I certify that I, \_\_\_\_\_, the responsible person for  
\_\_\_\_\_ have examined the foregoing report; that, to the  
best of my knowledge, information and belief, all statements of fact contained in said report are true  
and said report is a correct statement of the above-named respondent in respect to each and every  
matter set forth therein during the period from January 1, 2005, to December 31, 2005, inclusive.

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Washington Unified Business Identifier (UBI) No.: \_\_\_\_\_  
(If you do not know your UBI No., please contact the Department of Licensing at 360-664-1400)

**Insurance Company**

Current Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Did you have any recordable accidents in 2005? ☐ Yes ☐ No

If yes, how many? \_\_\_\_\_

(Please indicate total recordable accidents for both intrastate and interstate operations)

**Recordable Accident Definition:** An occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

What were your total operating miles for the year 2005? \_\_\_\_\_

VEHICLES OPERATED - Indicate vehicles operated during the preceding year under certificate issued by Washington Utilities and Transportation Commission to provide transportation services (for compensation) for persons with special transportation needs.		
Year, Make & Model	Passenger Seating Capacity	Number of Vehicles
Total vehicles operated		

<b>PRIMARY SOURCE OF COMPENSATION</b> - Check each that applies and provide a brief description.		
<input type="checkbox"/> Grants or Contracts	<input type="checkbox"/> Passenger Fares	<input type="checkbox"/> Other

## REGULATORY FEE CALCULATION SCHEDULE

Company Name \_\_\_\_\_ Annual Report Year 2005

In accordance with RCW 81.66.030 "Regulatory Fees", the Commission requires Private Nonprofit Special Needs Transportation Providers to file reports of the number of vehicle operated by said company at any time during the calendar year and pay the sum of ten dollars annually for each vehicle operated. Every company subject to regulation shall file with the Commission a statement under oath and pay to the Commission a fee as instructed below. There is no minimum fee.

1 Total Number of vehicles operated at any time during the regulatory year

1

2 Total Regulatory Fees owed (enter amount from line 1)

2

x 10.00 = \$

Agency Use Only

001-111-02-68-231-01